		FORM APPROVED OMB NO. 0938-0193
	1. TRANSMITTAL NUMBER:	2. STATE:
TRANSMITTAL AND NOTICE OF APPROVAL OF	0 1 - 0 2 2	MONTANA
STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE 07/01/01	
5. TYPE OF PLAN MATERIAL (Check One):		
☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONS	SIDERED AS NEW PLAN	MENDMENT
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)		
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT: a. FFY <u>2003</u> \$ 6 b. FFY <u>2003</u> \$ 6	1,5,803.50 71,115,50
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERS OR ATTACHMENT (If Applicable):	EDED PLAN SECTION
ATTACHMENT 4.19B, SERVICE 24.a, PAGE 1 OF 1	ATTACHMENT 4.19B, SERVIC	4ો E 17.a, PAGE 1 <b>7</b> 0F <b>3</b>
10. SUBJECT OF AMENDMENT:		
UPDATING REIMBURSEMENT INFORMATION		
11. GOVERNOR'S REVIEW (Check One):		
<ul> <li>☐ GOVERNOR'S OFFICE REPORTED NO COMMENT</li> <li>☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED</li> <li>☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL</li> </ul>	(X) OTHER, AS SPECIFIED: SINGLE STATE AGENCY DIRE	CTOR
12. SIGNATURE OF, STATE AGENCY OFFICIAL: 16	. RETURN TO:	
Jan hor	DPHHS	
13. TYPED NAME:	GAIL GRAY, DIRECTOR	
GAIL GRAY  14. TITLE:	PO BOX 202951	
DIRECTOR	HELENA MT 59620-2951	
15. DATE SUBMITTED: 09/14/2001	ATTN: JEAN ROBERTSON	
FOR REGIONAL OFFICE		
17. DATE RECEIVED: September 25, 2001	DATE APPROVED:	
September 25, 2001 PLAN APPROVED - ONE	1000 OCT 3 1.01	
	SIZNATURE OF REGIONAL OFFICIAL	
	TIME CONTRACTOR	
그 맛이는 그 그렇게 있는 그것도 그리고 하는 말이 그리는 아이가 있다면 화가를 가려면 화목에 다른	Acting Associate Regional A	iministrator
23. REMARKS:	gyeside de Habilita planskrijke, stelen de do	Padda Adtured Devial
POSTMARK: September 24, 2001		
		fer, et left ver volte om syntrere i væset t fart skalde gjendest nages having omen aller Modelfren gjende skald ver et være for av forsklikkennet i om kaldet for skaldet

Page 1 of 1
Attachment 4.19B
Methods and Standards for
Establishing Payment Rates
Service 24.a
Transportation Services

## **MONTANA**

- I. Reimbursement for Transportation Services will reimburse Medicaid providers for transportation services based on the lower of:
  - a) the provider's usual and customary charge; or
  - b) the Department's fee schedule.

Reimbursement for ambulance services are comprised of a base rate for the category of service plus a separate payment for mileage and certain supplies.

Approved Date: 10/31/01 Effective Date: 07/01/01

TN No. <u>01-022</u> Supersedes TN No. <u>83 (10) 17</u>